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APPLICANTS									
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This applica and is a CIF	ation is P of P	**************************************	2002	ABN FM					
** FOREIGN APPI	LICAT	rions							
IF REQUIRED, FO ** 03/12/2004	OREIG	ON FILING LICENSE GR	ANTED	** SMALL E	NTITY '	*			
Foreign Priority claimed		yes no		STATE OR	SH	EETS	TO	TAL	INDEPENDENT
35 USC 119 (a-d) conditions met yes no Met after Allowance Verified and Acknowledged Examiner's Signature Initials			COUNTRY MI		WING 55		AIMS 51	CLAIMS 3	
ADDRESS David A. Casimir MEDLEN & CARR Suite 350 101 Howard Stree San Francisco, C 94105	et	LLP							
TITLE									
	ntagon	nists of BCL-2 family prote	eins						
						All Fees			
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FILING FEE FEES: Authority has been given in Paper						1 17 Fees (Processing Ext. of			

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